

FORM B1		United States Bankruptcy Court		Voluntary Petition	
Northern District of Illinois, Western Division					
Name of Debtor (if individual, enter Last, First, Middle): Summers, John E.		Name of Joint Debtor (Spouse) (Last, First, Middle): Summers, Linda L.			
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): None		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names): None			
Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No. (if more than one, state all): 0254		Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No. (if more than one, state all): 1826			
Street Address of Debtor (No. & Street, City, State & Zip Code): 2902 Walnut Drive Wonder Lake, IL 60097		Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 2902 Walnut Drive Wonder Lake, IL 60097			
County of Residence or of the Principal Place of Business: Mchenry		County of Residence or of the Principal Place of Business: Mchenry			
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):			
Location of Principal Assets of Business Debtor (if different from street address above):					

Information Regarding the Debtor (Check the Applicable Boxes)

Venue (Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Type of Debtor (Check all boxes that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Individual(s) | <input type="checkbox"/> Railroad |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Stockbroker |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Commodity Broker |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Clearing Bank |

**Chapter or Section of Bankruptcy Code Under Which
the Petition is Filed** (Check one box)

- | | | |
|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Chapter 7 | <input type="checkbox"/> Chapter 11 | <input checked="" type="checkbox"/> Chapter 13 |
| <input type="checkbox"/> Chapter 9 | <input type="checkbox"/> Chapter 12 | |
| <input type="checkbox"/> | | |

Nature of Debts (Check one box)

- ☒ Consumer/Non-Business ☐ Business

Chapter 11 Small Business (Check all boxes that apply)

- ☐ Debtor is a small business as defined in 11 U.S.C. § 101
- ☐ Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)

Filing Fee (Check one box)

- ☒ Full Filing Fee attached
- ☐ Filing Fee to be paid in installments (Applicable to individuals only)
Must attach signed application for the court's consideration
certifying that the debtor is unable to pay fee except in installments.
Rule 1006(b). See Official Form No. 3.

Statistical/Administrative Information (Estimates only)

- ☒ Debtor estimates that funds will be available for distribution to unsecured creditors.
- ☐ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

THIS SPACE IS FOR COURT USE ONLY

Estimated Number of Creditors	1-15	16-49	50-99	100-199	200-999	1000-over
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated Assets	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated Debts	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Document Page 2 of 6 Name of Debtor(s): John E. Summers & Linda L. Summers	
Location Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet) Where Filed: NONE		Case Number: _____ Date Filed: _____	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE		Case Number: _____ Date Filed: _____	
District: _____		Relationship: _____ Judge: _____	

<p style="text-align: center;">Signatures</p> <p>Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><u>X /s/ John E. Summers</u> Signature of Debtor</p> <p><u>X /s/ Linda L. Summers</u> Signature of Joint Debtor</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>_____ Date</p>	<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p> <hr/> <p style="text-align: center;">Exhibit B</p> <p>((To be completed if debtor is an individual whose debts are primarily consumer debts))</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.</p> <p><u>X /s/ Richard T. Jones</u> Signature of Attorney for Debtor(s) _____ Date _____</p> <hr/> <p style="text-align: center;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No</p>
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<p style="text-align: center;">Signature of Attorney</p> <p><u>X /s/ Richard T. Jones</u> Signature of Attorney for Debtor(s) <u>RICHARD T. JONES 6184629</u> Printed Name of Attorney for Debtor(s)</p> <p>_____ Firm Name <u>138 Cass Street</u> Address <u>Post Office Box 1693 Woodstock, Illinois 60098</u> <u>(815) 334-8220</u> Telephone Number _____ Date</p>	<p style="text-align: center;">Signature of Non-Attorney Petition Preparer</p> <p>I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.</p> <p>_____ Printed Name of Bankruptcy Petition Preparer</p> <p>_____ Social Security Number (Required by 11 U.S.C. § 110(c).)</p> <p>_____ Address</p> <p>_____ Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><u>X</u> Signature of Bankruptcy Petition Preparer</p> <p>_____ Date</p> <p>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.</p>
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<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><u>X</u> Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>_____ Date</p>	
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<p>Affiliated Ear, Nose & Throat Phys. 1065 Lake Avenue Woodstock, Illinois 60098</p>	<p>Affiliated Ear, Nose & Throat Phys. c/o DeLoe, #210 7627 W. Lake Street River Forest, IL 60305</p>	<p>Amoco-BP Oil Post Office Box 9014 Des Moines, IA 50368-9014</p>
<p>Amoco-BP Oil Post Office Box 9014 Des Moines, IA 50368-9014</p>	<p>Applied Card Bank Post Office Box 10008 Huntington, WV 25770</p>	<p>Best Buy/HRS USA c/o LVNV Funding Post Office Box 10497 Greenville, SC 29603</p>
<p>Best Buy/HRS USA Post Office Box 17298 Baltimore, MD 21297-1298</p>	<p>Capital One 1957 Westmoreland Road Post Office Box 26094 Richmond, VA 23260-6094</p>	<p>Centegra Memorial Med. Ctr. c/o American Collectinos 919 Estes Court Schaumburg, IL 60193</p>
<p>Centegra Memorial Medical Center Post Office Box 1990 Woodstock, Illinois 60098</p>	<p>Chase Manhattan Mortgage Attention: Bankruptcy Department 3415 Vision Drive Columbus, Ohio 43219</p>	<p>Check-N-Go of Illinois 2034 North Richmond Rd. McHenry, Illinois 60050</p>
<p>Conseco Finance c/o Arrow Financial Serv. 5996 W. Touhy Ave. Niles, IL 60714</p>	<p>Conseco Finance Retail Serv. Attn.: Bankruptcy Dept. 7360 S. Kyrene Rod Tempe, AZ 85283-9824</p>	<p>Fashion Bug Collection Department Post Office Box 222980 Hollywood, FL 33022-2980</p>
<p>Fingerhut 11 McLeland Road St. Cloud, MN 56395</p>	<p>Fingerhut c/o Midland Credit Mgt. Post Office Box 939019 San Diego, CA 92193</p>	<p>First North American Nat'l Bank Bankruptcy Department 9960 Mayland Drive Richmond, VA 23233</p>
<p>First North American Nat'l Bank c/o Midland Mgt. Post Office Box 939019 San Diego, CA 92193</p>	<p>Fleet Post Office Box 15480 Wilmington, DE 19850</p>	<p>GEMB/Ace Hardware 950 Forrer Blvd. Kettering, OH 45420</p>
<p>HOMEQ Servicing Corp. 1100 Corporate Center Drive 3rd Floor, Building C Raleigh, NC 27607</p>	<p>HSBC Bank USA Post Office Box 98706 Las Vegas, NV 89193-8706</p>	<p>HSBC Bank USA Post Office Box 98706 Las Vegas, NV 89193-8706</p>
<p>J. C. Penney Post Office Box 533 Dallas, Texas 75221-0533</p>	<p>MBNA Post Office Box 15026 Wilmington, DE 19850-5026</p>	<p>MHS Physicians c/o State Collection Service 2509 S. Stoughton Rd. Madison, WI 53716</p>
<p>MHS Physicians Post Office Box 5081 Janesville, WI 53547-5081</p>	<p>Midnight Velvet 1112 7th Avenue Monroe, WI 53566-1364</p>	<p>Moraine Emergency Phys. c/o NCO-Medclr Post Office Box 8547 Philadelphia, PA 19101</p>
<p>Moraine Emergency Physicians Post Office Box 8759 Philadelphia, PA 19101-8759</p>	<p>Northern IL Medical Center c/o American Collections 919 Estes Court Schuamburg, IL 60193</p>	<p>Northern IL Medical Center c/o MRSI 2200 E. Devon Ave., #288 Des Plaines, IL 60018</p>

Northern IL Medical Center
Post Office Box 1447
Woodstock, Illinois 60098

Case 05-75775

Doc 1

Spiegel
FCN
Post Office Box 5811
Hicksville, NY 11802-5811

Filed 10/07/05

Document

Entered 10/07/05

Page 4 of 6

Target National Bank
Post Office Box 50317
Minneapolis, MN 55459-0317

Desc Main

Tri-County Foot & Ankle
c/o Certified Services, Inc.
1733 Washington Street, #2
Waukegan, IL 60085

Verizon
c/o AFNI, Inc.
Post Office Box 3097
Bloomington, IL 61702

Verizon
c/o Collectech Systems, Inc.
3000 Corporate Exchange
Columbus, OH 43231

Verizon
BK Administration
404 Brock Drive
Bloomington, IL 61701

Wells Fargo Financial
1 International Plaza
Philadelphia, PA 19113

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois, Western Division**

In re John E. Summers & Linda L. Summers ,
Debtor

Case No. _____

Chapter 13

VERIFICATION OF LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached List of Creditors which consists of 2 pages, is true, correct and complete to the best of my knowledge.

Date _____

Signature
of Debtor

/s/ John E. Summers

JOHN E. SUMMERS

Date _____

Signature
of Joint Debtor

/s/ Linda L. Summers

LINDA L. SUMMERS

B203
12/94

United States Bankruptcy Court
Northern District of Illinois, Western Division

In re John E. Summers & Linda L. Summers

Case No. _____

Chapter 13

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 2,700.00

Prior to the filing of this statement I have received \$ 500.00

Balance Due \$ 2,200.00

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

Date

/s/ Richard T. Jones

Signature of Attorney

Name of law firm